FORM (RF-3)

Change in Company's premium or ra	te level produced by rate revision
effective April 1, 2015	_•

		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
•••	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage ·	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
-	-Commercial -		
3.	Liability Other Than Auto	773,180	-1 5
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Sürety		
7 <u>.</u> 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		4900 da de la constitución de la
14.	Crop Hail		***************************************
15.	Other		
	Life of Insurance		
•	Does filing only apply to certain	in territory (territories) or	certain
	Classes? If so,	(3(3.) ((3(3(3(3	
	specify: No		
	Brief description of filing. (If fi	ling follows rates of an a	dvisorv
	Organization, specify		<i>a </i>
	organization):	Adopting ISO's revised inc	creased limit factors
	,		
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem	ium level which will resu	It from application of new
	rates.		
		AXA Insurance Co	mpany
		Na	me of Company
		Linda Gross, Corpo	
			Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	or rate leve	el produced i	by rate	revision
effective 6/1/2015				

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$1,338,733	-11.40%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire -		
	Extended Coverage	<u></u>	
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	OtherLife of Insurance		
	Life of Insurance		
	Does filing only apply to certain te Classes? If so, specify: N/A	erritory (territories) or certai	n
	Brief description of filing. (If filing	follows rates of an advisory	′
	Organization, specify		
	organization): Adopting ISO's G	L-2014-BGL1 loss costs	revision

Name of Company

Dan Trotter, Director of Rate Development

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto	\$34,589	-11-40%
Burglary and Theft		
Glass		
Fidelity		
Surety		·
Boiler and Machinery		<u> </u>
Fire		
. Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
. OtherLife of Insurance		
Life of insurance		
Does filing only apply to certain te	erritory (territories) or certs	ain
Classes? If so,	interf (termenter) or center	****
specify: N/A		

Organization, specify

Brief description of filing. (If filing follows rates of an advisory

organization): Adopting ISO's GL-2014-BGL1 loss costs revision

Name of Company

Dan Trotter, Director of Rate Development

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

	Change in Company's premiueffective 4/1/15	m or rate level produced	by rate revision	
-	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
	Commercial			
2	Automobile Physical Damag			
	Private Passenger		•	
	Commercial			
3.	Liability Other Than Auto	19,5 0 3	-24.7	
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
-7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other		**************************************	
	Line of Insurance			
•	Does filing only apply to certa Classes? If so,	nin territory (territories) or	certain	
	specify: No No			
	and the second s	T		
	Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify			
	organization):	ISO - Designation Number	GL-2014-BGL1 and	
		ISO - Designation Number	GL-2014-IALL1	
		The transfer of the second of		
	 *Adjusted to reflect all prior ra **Change in Company's premates. 	•	t from application of new	
		Carolina Casualty I	nsurance Company	
			ne of Company	
			IS, AINS - Compliance Analyst II	

Change in Company's premium or rate is	evel produced by rate revision effective	4/1/2015
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
. Automobile Liability		
Private Passenger		
Commercial		····
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto	\$101,506	-1.5%
. Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
D. Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		· -
5. Other		
Line of Insurance		
and Elling and a good to according to write any deposits	avion) as anatoin alanana? If an annaits	No
oes filing only apply to certain territory (territory	ones) of certain classes? If so, specify	INO
rief description of filing. (If filing follows rates	of an advisory organization, specify organ	ization):
Adopting ISO Filing Number GL-2014-IAI		· · · · · · · · · · · · · · · · · · ·

* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

COLUMBIA MUTUAL INS. CO.
Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

	Change in Company's pre	mium or rate level produce	ed by rate
	revision effective	1/1/2015	,
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto	\$3,645,268	8.0%
4.	Burglary and Theft		
5.	Glass	•	
6.	Fidelity	···	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
S	es filing only apply to certain territory (this filing impacts all territories. This files Eummary Pages for a breakdown of the description of filing. (If filing follows	ing impacts contractor classe of our proposed changes.	es only.
_R	evising Type of Business Factors and	introducing new class codes	i
* C	Adjusted to reflect all prior rate cha change in Company's premium level will result from application of new rates	/hich 	Federated Mutual Company Name of Company
			Dan Filzen - Vice President
			Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2015 .

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1,	Automobile Liability Private	volume (minois)	Change (*Or-)
	Passenger		
	Commercial		
2	Automobile Physical Damag		_
	Private Passenger		
3	Commercial	TOTAL AREA ARE	261
3. 4.	Liability Other Than Auto Burglary and Theft	DOM 184,146	6%
5.	Glass		
6.	Fidelity		24.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
7.	Surety	······································	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	The state of the s	the thermodynamics and the second sec
12. 13.	Homeowners Commercial Multi-Peril	Martin Carlo	
14.	Crop Hail		
15.	Other	**************************************	
	Life of Insurance		
•	Description of the sector	- 4'4 /4'4' \	
	Does filing only apply to certai Classes? If so,	n territory (territories) or	сепаіп
	specify: No		
	specify.		
	Brief description of filing. (If fil Organization, specify	ling follows rates of an ac	dvisory
	organization):	Rate Adjustment Filing	
	100		
	*Adjusted to reflect all prior rates.**Change in Company's preminates.		t from application of new
	18(65.	Federated Rural El	lectric Insurance Exchange
			me of Company
	Nin Lins	Chant Sent - Actuar	ial Tech.
	DiRectors and OFF.	(Official – Title
	ad Oft.		
	0110		

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Ch	ange in Company's premium or rate le	evel produced by rate revision effective	12/1/2014
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
	Automobile Liability Private Passenger Commercial Automobile Physical Damage		
۷.	Private Passenger Commercial		
3.	Liability Other Than Auto	100,391	-2.8%_
4.		100,00	
5.	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
<u>cov</u> Bri	verage endorsement for the Pest Control ef description of filing. (If filing follow	s rates of an advisory organization, speci-	fy organization): The filing lowers the
		y Broadening Endorsement of the Pest Co	entrol program. The filing does nothing
<u>eis</u>	e besides change the rates for this one	e endorsement.	
*Ac **C	djusted to reflect all prior rate changes change in Company's premium level w	hich will result from application of new rates	S.
		Imperiu	m Insurance Company
			Name of Company
		Donna G	reen- VP of Underwriting Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	r rate level produced by rate revision
effective 02/01/2015	

···	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		- <u> </u>
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	696,875	1% +6,969
4.	Burglary and Theft		
5.	Glass		
6	Fidelity		
7.	Surety	**************************************	
8.	Boiler and Machinery		
9.	Fire	The state of the s	
10.	Extended Coverage		and the same of th
11.	Inland Marine		- dent
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		***************************************
15.	Other Life of Insurance		
	Life of insurance		
•	Does filing only apply to certa Classes? If so, specify: NO	in territory (territories) or	certain
	Brief description of filing. (If fi	iling follows rates of an a	dvisory
	Organization, specify	and tolows rates of all a	avisory
	organization):	Revision of Additional Insu	red rates
	,		
	*Adjusted to reflect all prior ra **Change in Company's premates.	ium level which will resul	
		Mid-Continent Cas	
			me of Company
		Compliance Filing A	knalyst state of the state of t

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
Ī	Private Passenger		
	Commercial	-	
	Liability Other Than Auto	2,058,784	0.02% increase
	Burglary and Theft		**************************************
	Glass		· · · · · · · · · · · · · · · · · · ·
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage	**************************************	
•	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Life of Insurance		
	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	specify: Change	s do not apply to a certain te	rritory or territories or
	certain classes.		
	Brief description of filing. (If f Organization, specify	iling follows rates of an a	advisory
	organization):	Amending caps in two	Area of Practice categories

Minnesota Lawyers Mutual Insurance Company Name of Company Terry Bliss, CPCU, ARP Compliance Manager Official - Title

rates.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

~	(1)	(2) Annual Premium	(3) Percent
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
2	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
2	Commercial	4.505.055	77.
3. 4	Liability Other Than Auto	1,505,255	0.84%
4. 5.	Burglary and Theft Glass		
5. 6—			
7.	-Fidelity		444 - 1000
7. 8.	Surety		
o. 9.	Boiler and Machinery		
9. 10.	Fire		
10. 11.	Extended Coverage		110
12.	Inland Marine		
13.	Homeowners		
	Commercial Multi-Peril		
14. 15.	Crop Hail		
10.	Other Life of Insurance		
	Life of fristrance		
•	Does filing only apply to certa	in territory (territories) o	r certain
	Classes? If so,	, (,	
	specify: Applies	only to classes engaged in ope	erations with riggers liability exposure
	operations.		
	Brief description of filing. (If f	ling follows rates of an a	advisory
		J. 12.112.112.122.22.24.4	in the state of t
	Organization, specify		
	Organization, specify organization):	Premium charge for use	of endorsement submitted under

National Interstate Insurance Company Name of Company

Carrie L Holliday, CPCU, AU, ARC, CCP; Sr. Compliance Analyst

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate leve	produced by rate revision effective	4/1/2015
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	\$4,393	-1.5%
Burglary and Theft	<u> </u>	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	·	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	<u> </u>	
Line of Insurance		
Does filing only apply to certain territory (te	rritories) or certain classes? If so, s	pecify: No No
Brief description of filing . (If filing follows ra Adoption of ISO Increased Limit Factors , G		ecify organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new	rates.
		Specialty Insurance Comparame of company
	Alsa Shir	- Compliance Analyst Official-Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

Revised-

effective April 1, 2015 (1) (2) (3)**Annual Premium** Percent Coverage Volume (Illinois) * Change (+or-) ** Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial 3. 119,100.00 Liability Other Than Auto -11.000% 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Nova Casualty Company is adopting ISO Reference Filing GL-2014-BGL1 and revising its loss cost multiplier to 1.700. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Nova Casualty Company Name of Company Susan E Allen, Vice President, Product

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2015

•••	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	\$4,227,608	-14.2
4.	Burglary and Theft		
5.	Glass		
<u>3</u> —	-Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage	Made Made and a dealers and a second a second and a second a second and a second a second and a second and a second and a	
11.	Inland Marine		***************************************
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so.	in territory (territories) or	certain
	specify: no		
	Brief description of filing. (If f Organization, specify	iling follows rates of an ac	lvisory
	organization):	Old Republic General II	nsurance Corporation files
	ISO GL-2014-BGL1 / IALL1 for app		Todamic Corporation inco
	100 00 2014-00017 17001107 005	,, , , , , , , , , , , , , , , , , , ,	
	*Adjusted to reflect all prior ra	ite changes.	
	**Change in Company's prem	•	from application of new
	rates.		• •
		Old Republic Gene	ral Insurance Corporation
			ne of Company
		Deborah J. Matthey	vs - AVP - Compliance

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2015

_	(1)	(2) Annual Premium	(3) Percent
•	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger		Manage of the second se
_	Commercial		
2	Automobile Physical Damag		•
	Private Passenger ————————————————————————————————————		
3.	Liability Other Than Auto	\$4,090,888	-14.2
J. 4.	Burglary and Theft	\$4 ,030,000	-14.2
5.	Glass		
ç. <u>6</u> —	Fidelity		
- 7.	Surety		
8.	Boiler and Machinery	*************************************	
9.	Fire		***************************************
10.	Extended Coverage	-	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certain Classes? If so, specify: no no	in territory (territories) or e	certain
	Drief description of filing (If fi	line follows rates of an ad	1 de en
	Brief description of filing. (If file Organization, specify	ling lollows rates of an ac	ivisory
	organization):	Old Republic Insurance	Company files
	ISO GL-2014-BGL1 / IALL1 for app		
			18704 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
	*Adjusted to reflect all prior ra **Change in Company's prem-		from application of new
	rates.	Old Republic Insura	ance Company
			ne of Company
			vs - AVP - Compliance

		nium or rate level produced by rate		
	revision effective	April 1, 2015 .		
	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1.	Automobile Liability			
	Private Passenger	<u> </u>		
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger		 	
	Commercial			
3.	Liability Other Than Auto	\$859,454	-1.5%	
4. ~	Burglary and Theft			
5: 6.	Glass			
o. 7.	Fidelity Surety			
7. 8.	Boiler and Machinery			
o. 9.	Fire			
3. 10.	Extended Coverage		. <u> </u>	
11.	-			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other	 -		
	Line of Insurance			
	s Filing only apply to certain territory ses? If so, specify: N/A	(territories) or certain		
	f description of filing. (If filing follows	s rates of an advisory Adoption of ISO Commercial Gene	eral Liability	
		Increased Limit Factors (ILF's)		
*	* Adjusted to reflect all prior rate cha * Change in Company's premium le result from application of new rate	vel which will		
		Seneca Insura	nce Company	
		Name of 0		
			•	
		Kevin Purcell		
		Official	- Litle	

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

specify:

Organization, specify

organization):

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|------------------------------|--|--|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | 1,487,497 | -14.2 |
| Burglary and Theft | | |
| Glass | ###################################### | |
| Fidelity ——————— | | 44 |
| Surety | | |
| Boiler and Machinery | | |
| Fire | • | |
| Extended Coverage | | |
| Inland Marine | | Hart many many transfer to the same of the |
| Homeowners | | *** |
| Commercial Multi-Peril | | VIII. |
| Crop Hail | | |
| Other | | |
| Line of Insurance | | |

No

Brief description of filing. (If filing follows rates of an advisory

Insurance Services Office, Inc (ISO) - Adoption of ISO Loss Cost Revision Designation Number GL-2014-BGL1

Name of Company
Rhonda Salyers - Product Filing & Compliance Analyst

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

| Change in Company's premium of | rate level produced by rate revision |
|--------------------------------|--------------------------------------|
| effective 04/01/2015 | |

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----------------|--------------------------------------|--|----------------------------------|
| - | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1 | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | 1,796,830 | -1.5% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. – | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Othe <u>r</u> | | |
| | Line of Insurance | | |
| • | Does filing only apply to certai | n territory (territories) er (| codain |
| | Classes? If so, | in territory (territories) or t | Certain |
| | specify: N/A | | |
| | spoony. | ······································ | |
| | Brief description of filing. (If fil | ing follows rates of an ad | visory |
| | Organization, specify | mg romovis rates of an ac | V.33., y |
| | organization): | Adoption of Illinois General | Liability Increased Limit Factor |
| | Revision Furnished For Use | | |
| | Designation Number GL-2014-IALL1 | | |
| | *Adjusted to reflect all prior rat | e changes. | |
| | **Change in Company's premi | | from application of new |
| | rates. | | |
| | | Sompo Japan Insur | ance Company of America |
| | | Nam | ne of Company |
| | | Temica Taylor - State | |
| | | 0 | fficial – Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium | or rate | level produ | iced by rate | revision |
|-----------------------------|---------|-------------|--------------|----------|
| effective 03/01/2015 | | - | - | |

| | (1) | (2) | (3) |
|---------------|---|--|------------------------------|
| - | (·) | Annual Premium | Percent |
| - | Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| 1. | Automobile Liability Private | | - <u>Ondrigo (* 0.7</u> |
| | Passenger | | |
| | Commercial | | ****** |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$284,397 | -1.5% |
| 4. | Burglary and Theft | | |
| 5. | Glass | *************************************** | |
|]. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | *************************************** | |
| 11. | Inland Marine | | |
| 12. | Homeowners | *** | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 5. | Other | | |
| | Line of Insurance | | |
| • | Doos filing only apply to cort | sin torriton. (torritorion) or | andain |
| | Does filing only apply to certa Classes? If so. | air termory (termones) or | Certain |
| | specify: N/A | | |
| | specify. | | |
| | Brief description of filing. (If t | filing follows rates of an a | duicon. |
| | Organization, specify | iming follows races or arra | avisory |
| | organization): | | |
| | Adoption of ISO Increased Limits Factor | rs - GL-2014-IALL 1 | |
| | 7 toopson of 100 thetodood Elimino 1 dollar | | |
| | *Adjusted to reflect all prior ra | ate changes. | |
| | **Change in Company's pren | | It from application of new |
| | rates. | The second second section of the second seco | |
| | | Transguard Insura | nce Company of America, Inc. |
| | | | me of Company |
| | | Object A. A. C. | the property |

Christy L. Moore, State Filing Analyst II Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in company's premium or rate leve | el produced by rate revi | sion effective | 4/1/2015 |
|---|---|--------------------------------|-------------------------------------|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -) |
| <u> </u> | | | |
| Automobile Liability Private | | | |
| Passenger Commercial | | | |
| 2. Automobile Physical Damage | | | |
| Private Passenger Commercial | £4.450.007 | | -1.1% |
| 3. Liability Other Than Auto | \$1,150,937
\$3,898,352 | | -1.1% |
| 4. Burglary and Theft | \$3,090,332 | | -1.170 |
| 5 Glass | | | -1000 00 |
| 6. Fidelity | | | |
| 7. Surety | | <u></u> | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | T | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Other Line of Insurance | | | |
| Line of insulance | | | |
| Does filing only apply to certain territory (te | erritories) or certain cla | sses? If so, specify: | No |
| | | | |
| | | | |
| Brief description of filing . (If filing follows r | | anization, specify orga | anization): |
| Independent Insurance Agent Profes Independent Rule filing for GAP decr | | nowal Policine | |
| independent Rule hing for GAP deci | ease on Automatic Nei | iewai Fullcies. | |
| *Adjusted to reflect all prior rate changes. | | | |
| **Change in Company's premium level whi | ich will result from appli | cation of new rates. | |
| | | Westport Insuran | ice Corporation |
| | _ | Name of o | ompany |
| | | Ciado Kasil Bas | danta de Onas Sellet |
| | _ | Cindy Knoll - Regu
Official | |
| | | Unitial | - 1 145 |

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in company's premium or rate level produced by rate revision effective | | | 4/1/2015 |
|--|---|--------------------|---|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)</u> * | | (3)
Percent
<u>Change(+ or -)</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto | \$198,264 | -
 | -1.1% |
| Burglary and Theft Glass | \$246,799 | _ | -1.1% |
| 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (te | <u> </u> | | |
| Open Brokerage Coverage Unit for P Independent Rule filing for GAP decr | rofessionals | | organization): |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi | ich will result from applic | ation of new rates | s. |
| | _ | | rance Corporation of company |
| | | | egulatory Specialist |